

# CLINICAL PRIVILEGES – OPHTHALMOLOGIC SURGEON

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges.

## INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

**CODES:** 1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*  
2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*  
3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*  
4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT (Last, First, Middle Initial)

NAME OF MEDICAL FACILITY

## I. LIST OF CLINICAL PRIVILEGES – OPHTHALMOLOGIC SURGEON

Requested	Verified		Requested	Verified	
		<b>A. EYELID</b>			<b>C. CORNEA (continued)</b>
		1. Eyelid laceration, partial thickness			2. Penetrating keratoplasty
		2. Eyelid laceration, full thickness single or multiple			3. Repair of lacerations
		3. Canalicular lacerations			4. Tumor excision
		4. Total eyelid reconstruction			5. Removal of foreign bodies
		5. Partial eyelid reconstruction			6. Conjunctival flaps
		6. Eyelid canthus reconstruction			7. Cauterization procedure
		7. Skin grafts to eyelids			8. Relaxing incisions
		8. Eyebrow grafts			9. Astigmatism reduction procedure
		9. Repair of blepharochalasis			10. Wedge resection
		10. Repair of dermatochalasis			11. Keratoprosthesis
		11. Repair of epicanthus			12. Periosteal graft
		12. Repair of telecanthus			13. Patch graft
		13. Excision of tumors of eyelids			14. Photorefractive keratectomy (PRK)
		14. Repair of entropion			15. Phototherapeutic keratectomy
		15. Repair of ectropion			16. Radial keratotomy
		16. Repair of eyelid malposition			17. Intrastromal corneal rings
		17. Eyelid incision and drainage			18. Laser in situ keratomileusis (LASIK)
		18. Scar revision eyelid, brows			19. Amniotic membrane grafting
		19. Repair of brow ptosis			<b>D. LENS</b>
		20. Correction of blepharospasm			1. Extracapsular cataract extraction
		21. Dermabrasion			2. Intracapsular cataract extraction
		22. Correction of congenital eyelid deformities			3. Phaco-emulsification of cataract
		23. Repair of eyelid retraction			4. Discission of lens capsule
		24. Chemical peels			5. Laser capsulotomy
		25. Laser skin resurfacing			6. Intraocular lens insertion
		26. Face lift			7. Intraocular lens repositioning, exchange, or removal
		27. Liposuction			8. Lensectomy using vitreous cutting devices
		28. Soft tissue augmentation			9. Phaco-fragmentation
		29. Repair eyelid structural weakness			10. Surgical capsulectomy
		<b>B. CONJUNCTIVA</b>			11. Lens removal
		1. Repair of lacerations			<b>E. IRIS</b>
		2. Removal of tumors			1. Iridoplasty
		3. Excision and repair of pterygium			2. Laser iridotomy
		4. Conjunctival transplantation			3. Excision of mass
		5. Conjunctival mucous membrane grafting			4. Incisional biopsy
		6. Cryotherapy			5. Pupilloplasty
		7. Lysis of symblepharon			6. Repair of dialysis/defect
		8. Fornix reconstruction			7. Iridectomy
		9. Mucous membrane grafting			<b>F. GLAUCOMA</b>
		<b>C. CORNEA</b>			1. Cyclodialysis
		1. Lamellar keratoplasty			2. Cyclocryotherapy

I. LIST OF CLINICAL PRIVILEGES – OPHTHALMOLOGIC SURGEON (Continued)					
Requested	Verified		Requested	Verified	
		<b>F. GLAUCOMA (continued)</b>			<b>J. LACRIMAL SYSTEM (continued)</b>
		3. Cyclodiathermy			9. Intubation of lacrimal collecting system
		4. Cyclophotoablation			10. Correction of punctal malposition
		5. Corneoscleral trephination			11. Ampuloplasty
		6. Trabeculectomy			12. Repair of lacrimal trauma
		7. Trabeculotomy			13. Repair of lacrimal fistulas
		8. Goniotomy			14. Turbinate fracture
		9. Goniopuncture			15. Dacryoadenectomy
		10. Posterior sclerectomy			<b>K. RETINA</b>
		11. Posterior sclerotomy			1. Cryopexy of retina holes
		12. Laser trabeculoplasty			2. Diathermy of retina holes
		13. Laser iridoplasty			3. Laser retinopexy
		14. Glaucoma drainage implant			4. Slit lamp laser photocoagulation
		15. Anterior chamber reformation			5. Retinal membrane peeling
		16. Goniosynechiolysis			6. Endolaser photocoagulation
		17. Nonpenetrating deep sclerectomy glaucoma filtration surgery			7. Aspiration of retinal hemorrhage
		<b>G. SCLERA</b>			8. Repair of macular hole
		1. Suturing of sclera incisions, lacerations, and ruptures			9. Submacular dissection
		2. Sclera dissection and resection			10. Retinal biopsy
		3. Sclera implant			11. Retinotomy
		4. Sclera explant			12. Retinal relaxing incision
		5. Diathermy of sclera			13. Intraocular injection of gas
		6. Cryopexy of sclera			14. Retinal translocation
		7. Sclera graft			15. Photodynamic therapy of choroidal neovascular membrane ( <i>retina</i> )
		<b>H. OCULAR MUSCLES</b>			16. Transpupillary thermotherapy of choroidal lesions ( <i>choroid</i> )
		1. Recession of ocular muscle, fixed			<b>L. CHOROID</b>
		2. Recession of ocular muscle, adjustable			1. Cryotherapy of choroid
		3. Resection of ocular muscle			2. Diathermy of choroid
		4. Myectomy of ocular muscle			3. Subretinal fluid drainage
		5. Myotomy of ocular muscle			4. Choroidal biopsy
		6. Tenotomy of ocular muscle			<b>M. VITREOUS</b>
		7. Tenectomy of ocular muscle			1. Closed vitrectomy
		8. Posterior fixation suture of ocular muscle			2. Open sky vitrectomy
		9. Transposition of extraocular muscle			3. Aspiration of vitreous
		10. Botulinum Toxin injection of extraocular muscles			4. Intraocular gas injection
		<b>I. ORBIT</b>			5. Intraocular medication injection
		1. Orbitotomy, lateral			<b>N. EYEBALL</b>
		2. Orbitotomy, anterior			1. Removal of intraocular foreign bodies
		3. Orbitotomy, medial			2. Examination under anesthesia
		4. Orbitotomy, inferior			3. Enucleation with or without implant
		5. Repair of orbital floor fractures			4. Evisceration with or without implant, with or without preservation of cornea
		6. Repair of orbital wall fractures			5. Sub-Tenon's injection of steroid
		7. Repair of orbital rim fractures			6. Fine needle aspiration biopsy of intraocular tumors
		8. Repair of trimalar fractures			7. Placement of brachytherapy plaque for intraocular tumors
		9. Fine needle aspiration biopsy ( <i>orbit</i> )			<b>O. SOCKET</b>
		10. Removal of foreign body ( <i>orbit</i> )			1. Repair of extruding, extruded implant
		11. Antral/ethmoid decompression			2. Scleral, fascial patch grafting
		12. Exenteration, with or without skin grafts			3. Dermis fat grafting
		13. Repair of orbital deformities			4. Socket augmentation for correction of enophthalmos
		14. Repair of exenteration deformity with synthetic muscle/dermis-fat grafts			5. Repair of contracted sockets
		15. Optic nerve sheath decompression			6. Socket expansion to correct congenital deformities
		<b>J. LACRIMAL SYSTEM</b>			<b>P. OTHER (Specify)</b>
		1. Biopsy lacrimal gland			1. Temporal artery biopsy
		2. Excision lacrimal gland tumors			2.
		3. Dacryocystotomy			3.
		4. Dacryocystectomy			
		5. Dacryocystorhinostomy			
		6. Conjunctival dacryocystorhinostomy			
		7. Canalicular dacryocystorhinostomy			
		8. Probing, lacrimal system			

I. LIST OF CLINICAL PRIVILEGES – OPHTHALMOLOGIC SURGEON <i>(Continued)</i>		
Requested	Verified	
		P. OTHER <i>(Specify)</i> (continued)
		4.
		5.
		6.
SIGNATURE OF APPLICANT		DATE
II. CLINICAL SUPERVISOR'S RECOMMENDATION		
<div> <input type="checkbox"/> RECOMMEND APPROVAL           <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION  <i>(Specify below)</i> <input type="checkbox"/> RECOMMEND DISAPPROVAL  <i>(Specify below)</i> </div>		
SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)		DATE